2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2010
Secretary of State

DOCUMENT# L05000058971

Entity Name: THE LIMB CARE CENTER LLC

Current Principal Place of Business:

104 CARVER STREET EAST
ST AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

P O BOX 840093
ST AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 22-3914631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, WAINIO & NEVILLE, PA
320 HIGH TIDE DRIVE, SUITE 201
ST AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PEREIRA, RYAN
Address: 104 CARVER STREET EAST
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: RYAN PEREIRA MGRM 01/11/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date